

# MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10502** **63-041323**

**FILE OCT 31 1963**

|  |   |  |                                       |
|--|---|--|---------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY   |                                       |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>  |   | c. CITY OR TOWN <b>St. Louis</b>   |                                       |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>4923 Devonshire Ave.</b>   |   | d. STREET ADDRESS (If outside, give location)<br><b>4923 Devonshire Ave.</b>   |                                       |
| 3. NAME OF DECEASED (Type or print)<br>First <b>WILLIAM</b> Middle <b>P.</b> Last <b>CORNOYER</b>  |   | 4. DATE OF DEATH<br>Month <b>Oct.</b> Day <b>20</b> Year <b>1963</b>   |                                       |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><b>12-10-1889</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Stock Clerk-Barnard Stationery Co.</b>   |   | 11. BIRTHPLACE (City and state or country)<br><b>St. Louis, Mo.</b>  |                                       |
| 13a. FATHER'S NAME<br><b>August B. Cornoyer</b>  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Ellen Powers</b>  |                                       |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) <b>No</b>   |   | 17. INFORMANT<br><b>Anna Cornoyer</b>  |                                       |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cardiac Decompensation -</b><br>DUE TO (b) <b>Carcinomas, Arterial Sclerosis.</b><br>DUE TO (c) <b>Cc. of Bladder -</b> |   | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |                                       |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                       |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><b>181-0</b>   |                                       |
| 20c. TIME OF DEATH<br>Hour <b>9:45</b> Month, Day, Year <b>1963 10/20/63</b>   |   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                                       |
| 20e. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)   |   | 20f. CITY, TOWN, OR LOCATION<br><b>St. Louis Co. Mo.</b>   |                                       |
| 21. I attended the deceased from<br>Death occurred at <b>9:45 P.</b> on the date stated above, and to the best of my knowledge, from the causes stated.  |   | 22a. SIGNATURE (Degree or title)<br><b>Samuel H. Kriegshauser</b>  |                                       |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  |   | 23b. DATE<br><b>Oct. 23, 1963</b>  |                                       |
| 24. FUNERAL DIRECTOR<br><b>Kriegshauser 4228 S. Kingshighway Blvd.</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>OCT 22 1963</b>   |                                       |
| 26. REGISTRAR'S SIGNATURE<br><b>Paul Smith, M.D.</b>   |   | 27. DATE SIGNED<br><b>10/21/63</b>   |                                       |

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Edwin A. Mc Dermott

Licensed Embalmer No. 3024

P. O. Address Dr. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.